



Fee is \$33

For Dept Use Only
Date: _____

Filing Fee: _____
License Fee: _____

STATE OF CONNECTICUT INSURANCE DEPARTMENT
Application for

INDIVIDUAL VIATICAL SETTLEMENT INVESTMENT AGENT LICENSE

Make check in the amount of \$33 payable to: "Treasurer, State of Connecticut"

(Please Print or Type)

① Soc. Security Number		② N/A		③ N/A	
④ Last Name JR./SR. etc		⑤ First Name		⑥ Middle Name	
				⑦ Date of Birth (month) ____ (day) ____ (year) ____	
⑧ Residence/Home Address (Physical Street)		⑨ Apt or Unit #		⑩ City	
				⑪ State ⑫ Zip	
⑬ Home Phone Number () -		⑭ Gender (Circle One) Male Female		⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)	
⑯ Viatical Settlement Provider Name					
⑰ Viatical Settlement Provider Business Address (Physical)		⑱ P.O. Box		⑲ City	
				⑳ State ㉑ Zip	
㉒ Applicant's Business Phone # () -		㉓ Applicant's Business Fax # () -		㉔ Applicant's Business E-Mail Address	
				㉕ Applicant's Business Web Site Address	
㉖ Applicant's Business Mailing Address		㉗ P.O. Box		㉘ City	
				㉙ State ㉚ Zip	

Background Information

③⑤ Please read the following very carefully and answer every question:

A. Do you now hold or have you ever held an insurance, securities or Viatical Settlement license in Connecticut or any other state? Yes ____ No ____

IF YES, list the state and type of license: _____

B. Has any disciplinary action, including, but not limited to, refusal, suspension, or revocation of an insurance license, ever been taken by any regulatory agency in Connecticut, or any other state, against you or any business with which you have been directly connected, or is there any such action now pending?

IF YES, provide a full explanation on a separate sheet of paper (include documentation) Yes ____ No ____

C. Have you ever been convicted of, or pled nolo contendere (no contest) to, a felony? Yes ____ No ____

IF YES, attach a separate sheet of paper giving date, name and address of Court, charge and outcome. For criminal convictions, attach an explanation and copy of all charges and Final Disposition from the Court, along with evidence of the degree of rehabilitation.

Additional Background Information

1. Have you ever been denied a Fidelity Bond, or had a Bond cancelled or revoked? Yes ___ No ___

IF YES, give details: _____

2. Have you ever been refused a license, or had a license with a Government or other Regulatory Agency revoked? Yes ___ No ___

IF YES, give details: _____

3. Have you ever had your name changed, or used another name? Yes ___ No ___

IF YES, give details: _____

4. Place of Birth: _____

5. List your residences for the last ten (10) years, starting with your current address:

6. Education level achieved: High School ___ College ___ Degree ___ (IF CHECKED, give type of Degree: _____)

7. Professional Designations or Memberships: _____

8. List any companies in which you control, directly or indirectly, or own, legally or beneficially, 10% or more of the outstanding stock (in voting power):

9. Have you ever been adjudged bankrupt? Yes ___ (IF YES, attach details) No ___

List three references who can attest to your trustworthiness, competence, and business reputation:

NAME

ADDRESS

PHONE

RELATIONSHIP

Applicant's Affidavit

1. Under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

2. Where required by law, I hereby designate the Commissioner of Insurance, in Connecticut, to be my agent for service of process regarding all insurance matters; and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.

3. I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.

4. I authorize the Connecticut Insurance Department to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization, and I release the Connecticut Insurance Department and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

The undersigned duly authorized representative being first duly sworn deposes and says that (s)he has executed and read this application, that to the best of his/her knowledge and belief the statements made in this application, and in any attachment, are true and correct, and that (s)he has read and understands the insurance laws of the State of Connecticut. The undersigned further agrees that they will abide by the laws and regulations governing Viatical Settlements.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC

COMMISSION EXPIRES

Month

Day

Year

Original Signature of Applicant

(SEAL)

Full Legal Name (Printed or Typed)

Attachments

1. "Plan of Operation" including method of marketing techniques and steps taken to ensure Viator's privacy.
2. **Nonresidents:** Certificate of Good Standing from state of domicile dated within **90 days** of application.

RETURN TO:
Insurance Dept – Licensing
PO Box 816, Hartford, CT 06142